

Fill in this information to identify your case and this filing:

Debtor 1	<u>Daniel</u>	<u>Christopher</u>	<u>Carducci</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Maryland</u>			
Case number <u>16-26868</u>			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1. 2027 Hopewell Road

Street address, if available, or other description

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 295,354.00 \$ 295,354.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy by the Entirety

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City

State

ZIP Code

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

1.3. Street address, if available, or other description <hr/> <hr/> <hr/> City _____ State _____ ZIP Code _____			What is the property? Check all that apply. <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? \$ _____ \$ _____
			Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. <hr/>	
			Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this is community property (see instructions)
			Other information you wish to add about this item, such as local property identification number: _____	
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.			→ \$ 295,354.00	
Part 2: Describe Your Vehicles <hr/>				
Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.				
3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles				
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
3.1. Make: Honda Model: Odyssey Year: 2005 Approximate mileage: 110,000		Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? \$ 3,463.00 \$ 3,463.00	
Other information: Jointly Titled: Debtor and Wife		<input type="checkbox"/> Check if this is community property (see instructions)		
If you own or have more than one, describe here:				
3.2. Make: Kawasaki Model: KLR 650 Year: 2008 Approximate mileage: 3,150		Who has an interest in the property? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? \$ 2,000.00 \$ 2,000.00	
Other information: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> Check if this is community property (see instructions)		

Debtor 1

Daniel

Christopher

Carducci

First Name

Middle Name

Last Name

Case number (if known) 16-26868

3.3. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property (see instructions)****Current value of the entire property? \$ _____****Current value of the portion you own? \$ _____**

3.4. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property (see instructions)****Current value of the entire property? \$ _____****Current value of the portion you own? \$ _____****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: Suzuki**Who has an interest in the property?** Check one.Model: 450 ATN

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Year: 2007Other information:
_____ **Check if this is community property (see instructions)****Current value of the entire property? \$ 600.00****Current value of the portion you own? \$ 600.00**

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Model: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Year: _____

Other information:

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)**Current value of the entire property? \$ _____****Current value of the portion you own? \$ _____**

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ➔

\$ 6,063.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe..... 1 sofa, 1 coffee table, 2 end tables, 5 televisions, 2 tablecloths, 1 kitchen table, 2 kitchen chairs, 1 See Attachment 1

\$2,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe..... 1 cell phone, 1 computer, 1 printer

\$250.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

\$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe..... 1 camera, 2 workout machines

\$1,750.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe..... 4 firearms

\$2,000.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe..... 10 shirts, 2 suits, 8 pants, 6 jeans, 3 shorts, 5 ties, 2 coats, 5 pairs of shoes

\$575.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

\$

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.....

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$7,075.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....

Cash: \$ 100.00

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking account:	Bank of America-Joint Account with Wife	\$ 0.00
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.

Name of entity:

CSG-R, LLC

% of ownership:

33.3

%

\$ Unknown

_____	%	\$ _____
_____	%	\$ _____
_____	%	\$ _____

Debtor 1
Daniel

Christopher Carducci

Case number (if known) 16-26868

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

\$ _____
\$ _____
\$ _____
21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.. Type of account: Institution name:

401(k) or similar plan: _____ \$ _____

Pension plan: _____ \$ _____

IRA: _____ \$ _____

Retirement account: _____ \$ _____

Keogh: _____ \$ _____

Additional account: _____ \$ _____

Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric: _____ \$ _____

Gas: _____ \$ _____

Heating oil: _____ \$ _____

Security deposit on rental unit: _____ \$ _____

Prepaid rent: _____ \$ _____

Telephone: _____ \$ _____

Water: _____ \$ _____

Rented furniture: _____ \$ _____

Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description:

\$ _____
\$ _____
\$ _____

Debtor 1 Daniel Christopher Carducci
 First Name Middle Name Last Name

Case number (if known) 16-26868

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them... _____ \$ _____**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them... _____ \$ _____**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them... _____ \$ _____**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years. _____

Federal:	\$ _____
State:	\$ _____
Local:	\$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information. _____

Alimony:	\$ _____
Maintenance:	\$ _____
Support:	\$ _____
Divorce settlement:	\$ _____
Property settlement:	\$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. _____ \$ _____

Debtor 1 Daniel Christopher Carducci
 First Name Middle Name Last Name

Case number (if known) 16-26868

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.... Company name: Beneficiary: Surrender or refund value:

John Hancock Debtor's Wife \$1,189.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. \$ _____**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim..... Carducci vs. Cohen, et al.- Circuit Court for Baltimore County (Case No. 03C16009785) \$0.00**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim..... \$ _____**35. Any financial assets you did not already list** No Yes. Give specific information. \$ _____**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** → \$ 1,289.00**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe..... \$ _____**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe..... \$ _____

Debtor 1 Daniel Christopher Carducci
 First Name Middle Name Last Name

Case number (if known) 16-26868

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe.....

	\$ _____
--	----------

41. Inventory No Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures No Yes. Describe..... Name of entity:

% of ownership:

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list No Yes. Give specific information

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

	\$ 0.00
--	---------

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
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Debtor 1

Daniel

Christopher

Carducci

First Name

Middle Name

Last Name

Case number (if known) 16-26868

48. Crops—either growing or harvested No Yes. Give specific information.....

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes.....

\$

50. Farm and fishing supplies, chemicals, and feed No Yes.....

\$

51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$ 0.00**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

\$

\$

\$

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 → \$ 295,354.00

56. Part 2: Total vehicles, line 5 \$ 6,063.00

57. Part 3: Total personal and household items, line 15 \$ 7,075.00

58. Part 4: Total financial assets, line 36 \$ 1,289.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. \$ 14,427.00 Copy personal property total → + \$ 14,427.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 309,781.00

Attachment

Debtor: Daniel Christopher Carducci

Case No: 16-26868

Attachment 1

china cabinet, 1 set of dishes, 1 set of glasses, 1 set of silverware, 1 toaster, 1 blender, 1 iron, 1 ironing board, 1 lawn mower, 1 microwave, 4 beds, 3 dressers, 10 towels, 12 sets of bed linens, 1 desk, 1 home phone

Fill in this information to identify your case:

Debtor 1	<u>Daniel</u> First Name	<u>Christopher</u> Middle Name	<u>Carducci</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Maryland</u>			
Case number (If known)	<u>16-26868</u>		

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>2027 Hopewell Road</u>	\$ <u>295,354.00</u>	<input checked="" type="checkbox"/> \$ <u>8,840.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)2
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: <u>Cash</u>	\$ <u>100.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Line from <i>Schedule A/B</i> : <u>16</u>			
Brief description: <u>See Attachment 1</u>	\$ <u>501.00</u>	<input checked="" type="checkbox"/> \$ <u>501.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(h)
Line from <i>Schedule A/B</i> : <u>21</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1

Daniel Christopher Carducci

First Name Middle Name

Last Name

Case number (if known) 16-26868

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: See Attachment 2	\$ 1,189.00	<input checked="" type="checkbox"/> \$ 1,189.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Insurance § 16-111(a)
Line from Schedule A/B: 31			
Brief description: See Attachment 3	\$ 3,463.00	<input checked="" type="checkbox"/> \$ 3,463.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	U.S.C. 11 § 522(b)(3)(B)
Line from Schedule A/B: 3.1			
Brief description: See Attachment 4	\$ 2,500.00	<input checked="" type="checkbox"/> \$ 2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4) U.S.C. 11 § 522(b)(3)(B)
Line from Schedule A/B: 6			
Brief description: See Attachment 5	\$ 250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)1
Line from Schedule A/B: 7			
Brief description: See Attachment 6	\$ 575.00	<input checked="" type="checkbox"/> \$ 575.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)1
Line from Schedule A/B: 11			
Brief description: See Attachment 7	\$ 1,750.00	<input checked="" type="checkbox"/> \$ 1,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)1
Line from Schedule A/B: 9			
Brief description: See Attachment 8	\$ 2,000.00	<input checked="" type="checkbox"/> \$ 1,803.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)1
Line from Schedule A/B: 3.2			
Brief description: 2007 Suzuki 450 ATN	\$ 600.00	<input checked="" type="checkbox"/> \$ 600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Line from Schedule A/B: 4.1			
Brief description: See Attachment 9	\$ Unknown	<input checked="" type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 19			
Brief description: 4 guns	\$ 2,000.00	<input checked="" type="checkbox"/> \$ 2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Line from Schedule A/B: 10			
Brief description:	\$ _____	<input checked="" type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input checked="" type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			

Attachment
Debtor: Daniel Christopher Carducci Case No: 16-26868

Attachment 1

401(k) or Similar Plan with John Hancock

Attachment 2

Upon death of Debtor \$200,000 payable to Debtor's Wife

Attachment 3

2005 Honda Odyssey with 110,000 miles.

Attachment 4

1 sofa, 1 coffee table, 2 end tables, 5 televisions, 2 tablecloths, 1 kitchen table, 2 kitchen chairs, 1 china cabinet, 1 set of dishes, 1 set of glasses, 1 set of silverware, 1 toaster, 1 blender, 1 iron, 1 ironing board, 1 lawn mower, 1 microwave, 4 beds, 3 dressers, 10 towels, 12 sets of bed linens, 1 desk, 1 home phone

Attachment 5

1 cell phone, 1 computer, 1 printer

Attachment 6

10 shirts, 2 suits, 8 pants, 6 jeans, 3 shorts, 5 ties, 2 coats, 5 pairs of shoes

Attachment 7

1 camera, 2 workout machines

Attachment 8

2008 Kawasaki KLR 650 with 3,150 miles.

Attachment 9

33.3% interest in CSG-R, LLC

Fill in this information to identify your case:

Debtor 1	Daniel Christopher Carducci	
	First Name	Middle Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Maryland		
Case number (If known)	16-26868	

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Comptroller of the Treasury Creditor's Name Compliance Division, Room 409 Number Street 301 W. Preston Street Baltimore MD 21201 City State ZIP Code	Describe the property that secures the claim: 2027 Hopewell Road, Port Deposit, MD 21904	\$ 12,000.00	\$ 295,354.00 \$ 4,291.00
		As of the date you file, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Nature of lien. Check all that apply.	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
	Date debt was incurred 10/25/2013	Last 4 digits of account number _____		
2.2	Cooperstown Medical Transport Creditor's Name PO Box 202 Number Street Cooperstown NY 13326 City State ZIP Code	Describe the property that secures the claim: 2027 Hopewell Road, Port Deposit, MD 21904	\$ 1,450.00	\$ 295,354.00 \$ 1,450.00
		As of the date you file, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Nature of lien. Check all that apply.	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
	Date debt was incurred 01/06/2011	Last 4 digits of account number _____		
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 13,450.00				

Debtor 1

Daniel Christopher Carducci

First Name Middle Name

Last Name

Case number (if known) 16-26868

Additional Page**Part 1:**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.3	Wells Fargo Home Mortgage	Describe the property that secures the claim:	\$ 286,514.00	\$ 295,354.00	\$ N/A
Creditor's Name PO Box 10335 Number Street		2027 Hopewell Road, Port Deposit, MD 21904			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Date debt was incurred _____		Last 4 digits of account number 9 5 1 1			
2.4	Creditor's Name Number Street		Describe the property that secures the claim: \$ _____ \$ _____ \$ _____		
City State ZIP Code					
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Date debt was incurred _____		Last 4 digits of account number _____			
2.5	Creditor's Name Number Street		Describe the property that secures the claim: \$ _____ \$ _____ \$ _____		
City State ZIP Code					
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Date debt was incurred _____		Last 4 digits of account number _____			
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 286,514.00					
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ 299,964.00					

Debtor 1

Daniel Christopher Carducci

First Name Middle Name

Last Name

Case number (if known) 16-26868

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	BWW Law Group, LLC Name 6003 Executive Blvd. #101 Number Street	 Rockville MD 20852 City State ZIP Code
<input type="checkbox"/>	Name Number Street	 City State ZIP Code
<input type="checkbox"/>	Name Number Street	 City State ZIP Code
<input type="checkbox"/>	Name Number Street	 City State ZIP Code
<input type="checkbox"/>	Name Number Street	 City State ZIP Code
<input type="checkbox"/>	Name Number Street	 City State ZIP Code
<input type="checkbox"/>	Name Number Street	 City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.3

Last 4 digits of account number _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Daniel Christopher Carducci		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Maryland			
Case number (if known)	16-26868		

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	<p>Comptroller of the Treasury Priority Creditor's Name</p> <p>Compliance Division, Room 409 Number Street 301 W. Preston Street</p> <p>Baltimore MD 21201 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
	Last 4 digits of account number	\$ Unknown	\$ 0.00
	When was the debt incurred?		
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p>		
2.2	<p>Internal Revenue Service Priority Creditor's Name</p> <p>Centralized Insolvency Operation Number Street PO Box 21126</p> <p>Philadelphia PA See City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
	Last 4 digits of account number	\$ Unknown	\$ 0.00
	When was the debt incurred?		
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p>		

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Barclay Bank Delaware Nonpriority Creditor's Name PO Box 8801 Number Street Wilmington DE 19899 City State ZIP Code	Last 4 digits of account number _____ \$ 993.00
		When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Charges _____	
4.2	Capital One Bank USA Nonpriority Creditor's Name PO Box 85015 Number Street Richmond VA 23285-5075 City State ZIP Code	Last 4 digits of account number _____ \$ 4,129.00
		When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Charges _____	
4.3	Lending Club Corporation Nonpriority Creditor's Name 71 Stevenson Place 300 Number Street San Francisco CA 94105 City State ZIP Code	Last 4 digits of account number _____ \$ 2,522.00
		When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Charges _____	

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4

Shell/CBNA

Nonpriority Creditor's Name

PO Box 6497

Number Street

Sioux Falls

SD

57117

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 176.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

4.5

Synchrony Bank/BP

Nonpriority Creditor's Name

PO Box 965015

Number Street

Orlando

FL

32896-5015

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 70.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

4.6

THD/CBNA

Nonpriority Creditor's Name

PO Box 6497

Number Street

Sioux Falls

SD

57117

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 188.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. \$ <u>0.00</u>
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>8,078.00</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>8,078.00</u>

Attachment

Debtor: Daniel Christopher Carducci

Case No: 16-26868

Attachment 1

19114-0326

Fill in this information to identify your case:

Debtor	Daniel Christopher Carducci		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Maryland			
Case number (if known)	16-26868		

Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
--	---

2.1	Name _____
	Number Street _____
	City _____ State _____ ZIP Code _____
2.2	Name _____
	Number Street _____
	City _____ State _____ ZIP Code _____
2.3	Name _____
	Number Street _____
	City _____ State _____ ZIP Code _____
2.4	Name _____
	Number Street _____
	City _____ State _____ ZIP Code _____
2.5	Name _____
	Number Street _____
	City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Daniel Christopher Carducci		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Maryland			
Case number (If known)	16-26868		

Check if this is an amended filing

Official Form 106H**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Stephanie Carducci
Name
2027 Hopewell Road
Number Street
Port Deposit MD 21904
City State ZIP Code

Schedule D, line 2.1
 Schedule E/F, line 2.2
 Schedule G, line _____

3.2

Name
Number Street
City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.3

Name
Number Street
City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Daniel Christopher Carducci		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Maryland			
Case number (If known)	16-26868		

Check if this is:

- An amended filing
- A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may Include student
or homemaker if it applies

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	Manager	
Employer's name	Performance Construction	
Employer's address	11620 Crossroads Circle, Suite Q Number Street 	Number Street
	Middle River, MD 21220-2874 City State ZIP Code	City State ZIP Code
How long employed there?	16 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>1,705.90</u>	\$ _____
3. Estimate and list monthly overtime pay.	3. + \$ <u>0.00</u>	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>1,705.90</u>	\$ <u>0.00</u>

Debtor 1 Daniel Christopher Carducci
 First Name Middle Name Last Name

Case number (if known) 16-26868

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
Copy line 4 here	→ 4. \$ <u>1,705.90</u>	\$ <u>0.00</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>440.96</u>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ <u>68.23</u>	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ _____
5e. Insurance	5e. \$ <u>52.46</u>	\$ _____
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ _____
5g. Union dues	5g. \$ <u>0.00</u>	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ <u>0.00</u>	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>561.65</u>	\$ <u>0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>1,144.25</u>	\$ <u>0.00</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>1,250.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>0.00</u>	\$ <u>1,250.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>1,144.25</u>	+ \$ <u>1,250.00</u> = \$ <u>2,394.25</u>
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____ 11. + \$ <u>0.00</u>		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		
12. \$ <u>2,394.25</u>		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtor expects to gain employment within the upcoming weeks. He is in the midst of interviewing with several potential employers.		

Fill in this information to identify your case:

Debtor 1	Daniel Christopher Carducci		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Maryland			
Case number (If known)	16-26868		

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

 No Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Daughter

17

 No Yes

Son

16

 No Yes No Yes No Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

 No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 2,211.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

Debtor 1 Daniel Christopher Carducci
 First Name Middle Name Last Name

Case number (if known) 16-26868

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ 0.00

6. **Utilities:**

- 6a. Electricity, heat, natural gas
- 6b. Water, sewer, garbage collection
- 6c. Telephone, cell phone, Internet, satellite, and cable services
- 6d. Other. Specify: _____

6a. \$ 250.00
 6b. \$ 75.00
 6c. \$ 370.00
 6d. \$ 0.00

7. **Food and housekeeping supplies**

7. \$ 650.00

8. **Childcare and children's education costs**

8. \$ 100.00

9. **Clothing, laundry, and dry cleaning**

9. \$ 0.00

10. **Personal care products and services**

10. \$ 75.00

11. **Medical and dental expenses**

11. \$ 200.00

12. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 250.00

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ 25.00

14. **Charitable contributions and religious donations**

14. \$ 0.00

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

- 15a. Life insurance
- 15b. Health insurance
- 15c. Vehicle insurance
- 15d. Other insurance. Specify: _____

15a. \$ 0.00
 15b. \$ 0.00
 15c. \$ 450.00
 15d. \$ 0.00

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.00

17. **Installment or lease payments:**

- 17a. Car payments for Vehicle 1
- 17b. Car payments for Vehicle 2
- 17c. Other. Specify: _____
- 17d. Other. Specify: _____

17a. \$ 0.00
 17b. \$ 0.00
 17c. \$ _____
 17d. \$ _____

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18. \$ 0.00

19. **Other payments you make to support others who do not live with you.**

Specify: _____

19. \$ N/A

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

- 20a. Mortgages on other property
- 20b. Real estate taxes
- 20c. Property, homeowner's, or renter's insurance
- 20d. Maintenance, repair, and upkeep expenses
- 20e. Homeowner's association or condominium dues

20a. \$ N/A
 20b. \$ 0.00
 20c. \$ 0.00
 20d. \$ Unknown
 20e. \$ 0.00

Your expenses

Debtor 1 Daniel Christopher Carducci
 First Name Middle Name Last Name

Case number (if known) 16-26868

21. Other. Specify: _____

21. +\$ 0.00 _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 4,656.00
\$
\$ 4,656.00

22.

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 1,144.25 _____

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 4,656.00 _____

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ -3,511.75 _____

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Debtor reduced his expenses drastically after losing his job in August 2016. Once he finds employment, he will amend this schedule to reflect increased expenses.

Fill in this information to identify your case:

Debtor 1	<u>Daniel</u> First Name	<u>Christopher</u> Middle Name	<u>Carducci</u> Last Name
Debtor 2 (Spouse, if filing)	<u></u> First Name	<u></u> Middle Name	<u></u> Last Name
United States Bankruptcy Court for the: <u>Maryland</u>			
Case number	<u>16-26868</u> (If known)		

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		\$ <u>295,354.00</u>
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$ <u>295,354.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$ <u>12,677.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$ <u>308,031.00</u>

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		\$ <u>299,964.00</u>
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>		\$ <u>299,964.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		\$ <u>0.00</u>
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>		+ \$ <u>8,078.00</u>
		\$ <u>308,042.00</u>

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	\$ <u>2,394.25</u>
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>2,394.25</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	\$ <u>4,656.00</u>
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	\$ <u>4,656.00</u>

Debtor 1 Daniel
 First Name Middle Name Last Name Case number (if known) 16-26868

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,705.91

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case:

Debtor 1	First Name <u>Daniel</u>	Middle Name <u>Christopher</u>	Last Name <u>Carducci</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Maryland</u>			
Case number (If known)	<u>16-26868</u>		

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/Daniel Christopher Carducci
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 02/08/2017
MM / DD / YYYY

Date _____
MM / DD / YYYY